

	School District:	Medford Area Public School District 124 West State St Medford, WI 54451 715-748-4620
	Review Date(s):	June 6, 2016
	Program Coordinator:	Jill Koenig
<i>Bloodborne Pathogen Exposure Control Plan</i>		

1.0 GENERAL

- 1.1 Purpose:** The Occupational Safety and Health Administration’s (OSHA’s) Standard on Bloodborne Pathogens (29 Code of Federal Regulations 1910.1030) is intended to protect employees that are subject to “occupational exposures” from blood or other potentially infectious materials (OPIM). The standard sets forth guidelines outlining practices and procedures necessary for employees to safely perform operations that may involve contact with blood or other potentially infectious materials. A copy of 29 CFR 1910.1030 is located in Appendix A. This written program/plan is intended to protect employees that are subject to “occupational exposures” from blood or other potentially infectious materials. This written program/plan also sets forth guidelines outlining practices and procedures necessary for employees to safely perform operations that may involve contact with blood or other potentially infectious material. Our Exposure Control Plan is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. This plan includes an exposure determination for this district, the schedule and methods of implementation, and the procedure for the evaluation of circumstances surrounding exposure incidents.
- 1.2 Scope:** The Bloodborne Pathogen standard applies to general industry employees. Although, according to Subchapter III – General Requirements of Chapter SPS 332 Public Employee Safety and Health, more specifically SPS 332.15 OSHA Safety and health standards which reads, “Except as provided in s. SPS 332.16 and subch. IV, all places of employment and public buildings of a public employer shall comply with the federal Occupational Safety and Health Administration (OSHA) requirements adopted under s. SPS 332.50,” the requirements of this standard also apply to all school district employees who may be required to respond to a medical emergency or who perform cleaning operations where exposure to infectious material can occur.
- 1.3 Responsibility:** This program/plan will be given to each employee that has the potential to be exposed to bloodborne pathogens or OPIM and/or a copy will be located at the district office, as well as online, for employee review. The plan will be reviewed annually by the program coordinator and updated as necessary. It is the responsibility of every applicable school district employee to comply with this program/plan. The following employees are included:
- 1.3.1** Teachers;
 - 1.3.2** Administration;
 - 1.3.3** Maintenance/Building and Grounds Personnel;
 - 1.3.4** Personnel who perform cleaning activities; and
 - 1.3.5** Personnel trained in first aid awareness and response including the school nurse.

2.0 EXPOSURE DETERMINATION

Per regulation employers are required to perform an exposure determination concerning which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed, for purposes of this determination, even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

This program/plan has been developed to eliminate or minimize employee exposure to blood and/or OPIM. Blood and OPIM can contain disease causing organisms such as HIV, HBV, and other bloodborne pathogens. This program/plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified regulations, new or modified technology to beneficially alter occupational exposure, tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

General infection-control procedures are designed to prevent transmission of a wide range of microbiological agents and to provide a wide range margin of safety in the work place. Because of the inherently unpredictable risks of exposures, the strategy of “Universal Precautions” was developed. “Universal Precautions” stress that all persons should be assumed to be infectious for HIV and other bloodborne pathogens.

In January 2001, OSHA revised the Bloodborne Pathogens standard because of concern over the large number of injuries annually involving “Contaminated Sharps.” Contaminated Sharps mean any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire. The school district does not operate a medical treatment facility; therefore, use of needles, scalpels, broken capillary tubes and exposed ends of dental wires is not expected. However, the district’s program/plan incorporates requirements of the January 2001 revisions.

The school district has evaluated our facilities and determined the potential for exposure does exist according to the following. Below is a list of job classifications with occupational exposure. Specific tasks/procedures in which occupational exposure occurs are included.

- 2.1** Job classifications in which all employees have occupation exposure:
 - 2.1.1** Maintenance/Building and Grounds Personnel;
 - 2.1.2** Personnel who perform cleaning activities; and
 - 2.1.3** Personnel trained in first aid awareness and response including the school nurse.
- 2.2** Job classifications in which some employees have occupation exposures:
 - 2.2.1** Teachers; and
 - 2.2.2** Administration.
- 2.3** List of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs that are performed by employees in the job classifications listed above:
 - 2.3.1** General cleaning and sanitation;

- 2.3.2 Garbage removal;
- 2.3.3 Decontamination/clean up of areas or equipment that may be contaminated with bloodborne pathogens or OPIM;
- 2.3.4 Exposure due to assisting an injured person; and
- 2.3.5 Exposure due to being in the area of an accident victim

NOTE (1) Biology curriculum does not currently include blood-typing, whereby students and instructors lance the skin to produce a drop of blood for analysis under a microscope. These affected employees will be included under this plan should the biology curriculum change to include blood-typing.

3.0 METHODS OF COMPLIANCE

Methods of compliance will center on “Universal Precautions” to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material. The “Universal Precautions” the school district will follow include:

- 3.1 Provide PPE to all employees involved in cleaning activities;
- 3.2 Provide PPE to all personnel that have been properly trained in first aid awareness and response;
- 3.3 Instruct employees to wash hands after removal of gloves or other PPE;
- 3.4 Instruct employees to wash hands or skin with soap and water and flush mucous membranes with water following contact of such body areas with blood or potentially infectious material;
- 3.5 Instruct employees to place all contaminated material in containers which prevent leakage during collection, handling, processing, storage, transport, or shipment; and
- 3.6 Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - 3.6.1 Closable;
 - 3.6.2 Puncture resistant;
 - 3.6.3 Labeled or color-coded in accordance with the regulation;
 - 3.6.4 Leak proof on the sides and bottom; and
 - 3.6.5 Impossible for employees to reach into by hand.
- 3.7 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- 3.8 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- 3.9 All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- 3.10 Instruct employees to ensure that the work site is maintained in a clean and sanitary condition.

4.0 ENGINEERING AND SAFE WORK PRACTICE CONTROLS

Engineering and safe work practice controls are used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective

equipment shall also be used. Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness.

4.1 General

- 4.1.1** The school district provides hand washing facilities which are readily accessible to employees.
- 4.1.1** When provision of hand washing facilities is not feasible, the school district provides either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- 4.1.2** The school district ensures that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 4.1.3** The school district ensures that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 4.1.4** Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the school district can demonstrate that no alternative is feasible or that such action is required by a specific procedure and/or such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited.
- 4.1.5** Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - 4.1.5.1** Closable;
 - 4.1.5.2** Puncture resistant;
 - 4.1.5.3** Labeled or color-coded in accordance with 1910.1030;
 - 4.1.5.4** Leak proof on the sides and bottom; and
 - 4.1.5.5** Impossible for employees to reach into by hand.
- 4.1.6** Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- 4.1.7** Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- 4.1.8** All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- 4.1.9** Never spray a decontamination mixture onto to a source of contamination. It creates an aerosol of the contaminated material resulting in an increased potential for exposure.
- 4.1.10** Do not use equipment that could create splashes of contaminated material, such as toilet plungers, unless additional PPE or engineering controls have been provided and implemented.
- 4.1.11** All toilets will always be assumed to be contaminated requiring safe work practices below.
- 4.1.12** Always call for help to control bystanders.
- 4.1.13** Reduce tracking of contaminated materials into uncontaminated areas.
- 4.1.14** Reduce the potential of jostling or bumping resulting in increased risk of exposure.
- 4.1.15** Provide assistance or direct arriving help to the correct location.

4.2 Treatment of Injury

- 4.2.1** Call for help and send someone for kit.

- 4.2.2 Minimize contamination of area by telling the injured party to sit down and bystanders to step back at least five feet.
- 4.2.3 If at all possible, have the injured party apply treatment themselves.
- 4.2.4 If the injured party is creating airborne blood spatters by thrashing around:
 - 4.2.4.1 injured party is being aggressive, etc. do not approach
 - 4.2.4.2 injured party is having a seizure, follow established first aid procedures
- 4.2.5 Don appropriate PPE, latex gloves, if spatter is possible face shield, if blood on area around injured party use plastic or something to protect your clothing or skin while providing assistance.
- 4.2.6 When approaching the injured party ensure that you are not stepping, kneeling, sitting, or leaning in blood spatter.
- 4.2.7 Immobilize the source of contamination by covering the wound with gauze or some absorbent material.
- 4.2.8 Proceed with first aid as learned in first aid training.
- 4.2.9 Ensure that bystanders in the area are not stepping in, etc., blood spatter.
- 4.2.10 After treatment of injured party, decontaminate any areas on the injured party that could create an exposure during transport, to the most practical extent. If their clothing could drip blood while walking or when squeezed against a surface try to remove and contain it.
- 4.2.11 After injured party has been removed, decontaminate the area with fresh one part bleach to ten parts water solution using a soaked rag or gently pour over contaminated material(s).
 - 4.2.11.1 If a large pool of blood is present, soak up with rag and place in biohazard bag.
- 4.2.12 Any blood soaked material not drenched with the bleach solution shall be disposed of in the red bags and taken to the nurse's office of the building for disposal arrangements.
- 4.2.13 Visually check and interview people involved and around the place of injury and treatment to evaluate possible exposures.
- 4.2.14 A description of the incident including suggestions for more efficient work practices, PPE, spill kit contents, etc should be written by the assistant and first aid provider(s).
- 4.3 Cleaning of blood or other potentially infectious materials, such as feces, urine, or vomit, on floors, chairs or other surfaces.
 - 4.3.1 Call for assistance or bring assistant.
 - 4.3.2 Minimize the area of contamination; prevent people from walking through it, etc. If this has already happened widen the area of decontamination to include all identifiable contaminations.
 - 4.3.3 Block off hallways, close the door to the room, slide the wrestling mat to the side, etc.
 - 4.3.4 Maintain control of the area while the cleaning is taking place. People don't always respect do not pass signs.
 - 4.3.5 Put on latex gloves. If needed put on rubber boots or impermeable shoe covers. If kneeling will be necessary put on some sort of impermeable cover for knees.
 - 4.3.6 Place an absorbent material on and around the material to immobilize the source of contamination.
 - 4.3.7 Prepare a fresh solution of one part bleach to ten parts water.
 - 4.3.8 Pour the solution over the areas of contamination, even if already dried.
 - 4.3.9 Soak a rag in the bleach solution to clean smaller dried areas of contamination or contamination on walls.
 - 4.3.10 After areas are cleaned and dried unblock the hallways, etc.

- 4.3.11** Write a description of the clean up including how the contamination occurred, how long it took to report and for the appropriate response to occur, if the area was secured in the meantime, and any practical information regarding the clean up itself that might improve response in the future.
- 4.4** Cleaning up feces/urine soaked pants and vomit in the lower grades, kindergarten, 4K, etc.
- 4.4.1** These areas should have longer gloves as children squirm and designated plastic bags stored in a convenient location. The bags are designated both for disposal and for sending clothing home with the child.
- 4.4.2** Call for assistance to control the other children if someone else is not already on site.
- 4.4.3** Call for a custodian to help with the clean up and take away of any smelly trash.
- 4.4.4** Put on gloves that cover the hands and forearm and a long impermeable apron if it is possible the child will squirm or need to be held while still a source of contamination.
- 4.4.5** Minimize the area of contamination by blocking off contaminated floors, tables, etc and controlling the source of the contamination, if still running around with soiled pants. If possible get the child into a bathroom where, if they are still running around, at least they aren't contaminating other children and it will be a smaller area thus easier to clean.
- 4.4.6** If possible, instruct the child to remove their pants and put them in the bag while you hold the bag open.
- 4.4.7** If possible instruct the child to clean themselves with soap.
- 4.4.8** If not possible do the above yourself.
- 4.4.9** After the child is no longer a source of contamination work with the custodial staff to identify all locations of potential contamination to be cleaned with a fresh 10% bleach solution.
- 4.4.10** Visually inspect the exposed employee(s) for signs of contamination on their cloths or skin (smears of feces, etc.) and decontaminate as necessary.
- 4.4.11** Write a description of the incident for the parents and a more detailed description of the incident, how long it took to identify the problem, duration of response from custodial staff, sufficiency and location convenience of PPE and other supplies, suggestions for more efficient work practices for future incidents.
- 4.5** Cleaning toilets contaminated with blood or OPIM including but not limited to feces, vomit, urine, floating menstrual supplies, etc.
- 4.5.1** Put on rubber or latex gloves that go up the forearm.
- 4.5.2** Gently pour in bleach until it reaches approximately 10% of the toilet water, do not create splashing or misting of material.
- 4.5.3** Remove any solid items, such as pens, menstrual supplies, etc. that could clog the toilet if flushed.
- 4.5.4** Carefully use the toilet bowl brush so that toilet contents does not splash out of the bowl.
- 4.5.5** Use a dripping rag soaked in fresh 10% bleach solution to clean areas around the toilet that appear to be or might be contaminated.
- 4.6** Cleaning plugged toilets contaminated with blood or OPIM including but not limited to feces, vomit, urine, menstrual supplies, etc.
- 4.6.1** Evaluate size of contamination, has the toilet overflowed, and how wide is the puddle.
- 4.6.2** Block the area needed to work and contain the contamination.
- 4.6.3** Call for assistance to control bystanders.

- 4.6.4** Evaluate the need for PPE. Put on rubber or latex gloves that go up the forearm and rubber boots if necessary. Obtain the PPE, engineering controls, bucket of fresh 10% bleach solution with rags soaking in it, bottle of bleach, and equipment necessary to unstop the toilet.
- 4.6.5** If using a plunger (not recommended, creates splashing) place the plunger into the toilet and then place a clear plastic trash bag over the plunger and toilet.
- 4.6.6** Break a small hole in the bag for the handle of the plunger; pull the bag down over the bowl.
- 4.6.7** Plunge the toilet, ensuring that the bag does not come off the toilet bowl.
- 4.6.8** If a solid item that needs to be removed is discovered, using the long glove required above, remove it and dip both the object and the portion of glove submerged in the contaminated water into the bucket of fresh bleach solution then discard the object.
- 4.6.9** Leave the plunger in the bowl at all times until the clog has been cleared and fresh water is in the bowl. Then gently pour in bleach until it reaches approximately 10% of the toilet water, do not create splashing or misting of material.
- 4.6.10** Swish the plunger around; ensure that all parts of the plunger that were contaminated are soaked in the bleach solution.
- 4.6.11** If using a snake (recommended, less splashing, metal is easier to clean) same as above.
- 4.6.12** Remove the plastic bag and discard, wipe any areas of the plunger not already soaked in the bleach solution with a dripping rag from the bucket.
- 4.6.13** Wipe down any potentially contaminated areas in the toilet stall with a dripping rag from the bucket.
- 4.6.14** If the toilet overflowed soak the water up with towels or other absorbent material and place them in a bucket, plastic tote, or other container (do not use plastic bags or you will increase the area of contamination greatly in the event of a hole in the bag.)
- 4.6.15** Decontaminate the absorbent material by pouring bleach over it and, wearing long gloves, swishing the towels around until soak with bleach.
- 4.6.16** Mop floor with fresh bleach solution and decontaminate boots prior to leaving the decontaminated area. (Do NOT walk down the hall in boots soaked with contaminated toilet water, greatly increasing the contaminated area requiring additional clean up work.)
- 4.6.17** Visually inspect the exposed employee(s) for signs of contamination of their clothes or skin (smears of feces, etc.) and decontaminate as necessary.
- 4.6.18** Document the incident including likely duration between initial clog and reporting of clog, response time, response duration, efficiency of location of required materials, suggestions for more efficient safe work practices or reporting practices.
- 4.7** Administration of medication via syringe, anal insertion, or assistance with such tasks as blood or urine testing:
 - 4.7.1** Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the district can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
 - 4.7.2** Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
 - 4.7.3** Will be avoided whenever possible.
 - 4.7.4** Will be self administered under supervision whenever possible.
 - 4.7.5** Will only take place in the School Nurse's office by the School Nurse/Health Official.

- 4.7.6** If the Nurse/Health Official is not available, it will be performed by a trained employee. In the event that the Nurse/Health Official will be required to perform the described tasks she/he will:
- 4.7.6.1** Block or lock the door to prevent unexpected entrance of bystanders resulting in startle motions or jostling the Nurse/Health Official at a critical moment resulting in an exposure incident.
 - 4.7.6.2** Latex or other impermeable gloves shall be donned.
 - 4.7.6.3** Required materials shall be laid out and the patient shall be instructed to remain still.
 - 4.7.6.4** If the patient is not compliant the Nurse/Health Official shall cease to administer the medications or provide assistance and the parents shall be notified that the medication/assistance could not be rendered and instructed to find another method to provide the medical care needed to their child.
 - 4.7.6.5** Under no circumstances shall the Nurse/Health Official attempt to perform their job under conditions that cannot be controlled.
 - 4.7.4.6** Following successful administration of medication/assistance.
 - Any sharps or needles must be disposed of in a sharps container as soon as possible. Sharps containers are located within the health rooms of each building.
 - The patient shall be decontaminated if necessary and directed to return to class.
- 4.7.7** Once the patient is gone the Nurse/Health Official shall visually inspect the work area for any evidence of contamination and clean it with a fresh 10% bleach solution.
- 4.7.8** If any unusual circumstances occurred during the above process the Nurse/Health Official shall write an incident report including unexpected problems, difficulties, or suggestions for changes in work practices, etc. that would improve efficiency of the process.

5.0 PERSONAL PROTECTIVE EQUIPMENT – USAGE GUIDELINES

- 5.1** PPE will be provided for employees where exposure may occur. All PPE used within this district will be provided at no cost to employees. Such PPE must prevent blood or OPIM from passing through to or reaching the employee’s clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- 5.2** The employee shall use appropriate personal protective equipment as required by the district based on PPE assessment.
- 5.3** Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksite or will be issued to employees who have been trained and delegated to perform cleaning activities and emergency first aid awareness and response. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 5.3.1** PPE is stored and can be found at the following locations:
- 5.3.1.1** The nurse’s room in all buildings;
- 5.4** Cleaning and Disposal: The district will clean, launder and/or dispose of personal protective equipment required and repair or replace PPE as needed at no cost to the employee.

- 5.5** Repair and Replacement: The district will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- 5.6** Gloves: District personnel involved in cleaning operations or who are trained in and who perform first aid where contact with potentially infectious material can occur will utilize gloves. The gloves will be inspected prior to use to ensure that no damage due to age has occurred. If damage is discovered, the gloves will be disposed of and replaced immediately. Gloves shall be worn when it is reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.
- 5.6.1** Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical after contamination or as soon as feasible if they are torn, punctured, or lose their ability to function as a barrier.
- 5.6.2** Disposable (single use) gloves shall never be washed or decontaminated for reuse.
- 5.6.3** Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- 5.7** Masks, Eye Protection, and Face Shields: Whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and contaminate eyes, nose, or mouth, masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length face shields must be worn. All PPE shall be removed prior to leaving the emergency/incident area.
- 5.8** If a garment/PPE is penetrated by blood or OPIM, the garment/PPE shall be removed immediately or as soon as feasible and placed in a biohazard bag. The biohazard bag is then taken to the nurse's office. The bio-hazard bag is then transported to Memorial Health Center/Aspirus in Medford.
- 5.9** All personal protective equipment shall be removed prior to leaving the work area.
- 5.10** All affected personal protective equipment will be placed in an appropriately designated and labeled area or container for storage, washing, decontamination or disposal.
- 5.11** The district shall provide hand washing facilities which are readily accessible to employees.
- 5.12** When provision of hand washing facilities is not feasible, the district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- 5.13** Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 5.14** Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 5.15** Gloves and a CPR mask with a one-way valve must be worn during CPR activities.
- 5.16** The district will ensure that the employee uses appropriate PPE unless the district shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this

judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

6.0 HOUSEKEEPING

- 6.1** The school district will ensure that the work site is maintained in a clean and sanitary condition.
- 6.2** All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- 6.3** Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.
- 6.4** Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated.
- 6.5** All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- 6.6** Broken glassware, which may be contaminated, shall **not** be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps. The potentially infected mechanical means will then be decontaminated with 10% bleach and water; or placed within the biohazard bag/container.
- 6.7** Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- 6.8** Contract response personnel will be utilized in the event of a trauma involving the loss of bodily fluids involving large surface areas of the facility at the discretion of the District Administrator.

7.0 REGULATED WASTE

Regulated waste for purposes of this program/plan means liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items which are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM. Materials, which are capable of containing the contamination during normal handling, are disposed of as non-regulated waste.

- 7.1** Contaminated Sharps - Discarding and Containment: Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - 7.1.1** Closable;
 - 7.1.2** Puncture resistant;
 - 7.1.3** Leak proof on sides and bottom; and
 - 7.1.4** Labeled or color-coded.
- 7.2** During use, containers for contaminated sharps shall be:
 - 7.2.1** Easily accessible to personnel and located as close as is feasible to the immediate area

- where sharps are used or can be reasonably anticipated to be found (e.g. laundries);
 - 7.2.2** Maintained upright throughout use; and
 - 7.2.3** Replaced routinely and not allowed to overfill. When a sharps container becomes full it is the responsibility of the employee to ask for disposal and request a new container.
 - 7.3** When moving containers or contaminated sharps from the area of use, the containers shall be:
 - 7.3.1** Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - 7.3.2** Placed in a secondary container if leakage is possible. The second container shall be:
 - 7.3.2.1** Closable;
 - 7.3.2.2** Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - 7.3.2.3** Labeled or color-coded.
 - 7.4** Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner. A contractor competent in emptying reusable sharps containers shall be contracted to manage the disposal of sharps and the return of the reusable sharps container.
 - 7.5** The sharps containers, when deemed necessary, shall be transported to the Memorial Health Center when deemed full for disposal.
 - 7.6** Other regulated waste containment: Regulated waste shall be placed in containers which are:
 - 7.6.1** Closable;
 - 7.6.2** Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - 7.6.3** Labeled or color-coded in accordance with the regulations; and
 - 7.6.4** Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 7.7** If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
 - 7.7.1** Closable;
 - 7.7.2** Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - 7.7.3** Labeled or color-coded in accordance with the regulations; and
 - 7.7.4** Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 7.8** Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance the regulation. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior. The school district mandates that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
 - 7.9** Disposal of all regulated waste shall be in accordance with all applicable federal, state, or local regulations. The program coordinator shall arrange for the proper removal and disposal of any regulated waste.

8.0 HEPATITIS B VACCINATION/POST-EXPOSURE EVALUATION AND FOLLOW-UP

- 8.1** The Hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- 8.2** All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation follow up, including prophylaxis (the prevention of or protective treatment for disease), are:
 - 8.2.1** Made available at no cost to the employee;
 - 8.2.2** Made available to the employee at a reasonable time and place;
 - 8.2.3** Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - 8.2.4** Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 - 8.2.5** All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
- 8.3** Hepatitis B Vaccination
 - 8.3.1** Hepatitis B vaccination will be made available to all employees with occupational exposure to potentially infectious material, which will include all maintenance and custodial employees, after the employee has received the required training including information on the vaccine's efficacy, safety, method of administration and benefits and within 10 days of an initial job assignment of occupational exposure unless they have previously received the complete HBV vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
 - 8.3.2** Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B vaccination.
 - 8.3.3** If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will be made available.
 - 8.3.4** Employees who decline to accept Hepatitis B vaccination offered by the employer will sign the statement provided which states they have been given the opportunity to receive the HBV vaccination, but have declined to accept it.
 - 8.3.5** If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.
 - 8.3.6** Will be provided during normal working hours at no charge to the employee.
 - 8.3.7** Should an employee elect not to accept the vaccination, but at a later date decide to, it will still be available at no charge to the employee.
 - 8.3.8** Employees are encouraged to receive the vaccination, but it is not mandatory.
- 8.4** Post-Exposure Evaluation and Follow-Up: A confidential medical evaluation and follow-up will be made immediately available to the employee following a report of an exposure incident. If an employee considers themselves exposed the employer will consider them exposed and proceed to the next step. If an employee considers themselves exposed they are to call the program coordinator and report the exposure immediately. Following a report of an exposure incident, the employer will make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:

- 8.4.1** Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- 8.4.2** Identification and documentation of the source individual, unless the district can establish that identification is infeasible or prohibited by law;
- 8.4.2.1** The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
- 8.4.2.2** When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
- 8.4.2.3** When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- 8.4.2.4** Results of the source individual's testing shall be made available to the exposed employee, and the employee will be informed of applicable laws concerning disclosure of the identity and infectious status of the source individual.
- 8.4.2.5** Collection and testing of blood for HBV and HIV serological status includes the following;
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
 - If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee decides to have the sample serologically tested, it will be done;
 - Post-exposure prophylaxis, when medically indicated;
 - Counseling; and
 - Evaluation of reported illness.
- 8.5** Information Provided to the Healthcare Professional: A copy of the regulation will be given to the person responsible for the employee's HBV vaccination and to the person evaluating an employee after an exposure incident. In addition, the person conducting the evaluation will be provided the following:
- 8.5.1** A description of the exposed employee's duties as they relate to the exposure incident;
- 8.5.2** Documentation of route(s) of exposure and circumstances under which exposure occurred;
- 8.5.3** Results of the source individual's blood test, if available; and
- 8.5.4** Medical records relevant to appropriate treatment of the employee including vaccination status, which are the employers' responsibility to maintain.
- 8.6** Healthcare Professional's Written Opinion: The school district will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated and if the employee had received such vaccination. The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
- 8.6.1** That the employee has been informed of the evaluation results;
- 8.6.2** That the employee has been told about any medical condition(s) resulting from exposure to blood or OPIM which may require further evaluation or treatment; and

- 8.6.3** All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- 8.7** Medical Recordkeeping: Medical records required by the regulation will be maintained in accordance with the Recordkeeping section of program/plan.

9.0 INFORMATION AND TRAINING

- 9.1** The school district will ensure that all employees with occupational exposure participate in a training program conducted during work hours at no cost to the employee. A copy of the training program is located as an appendix.
- 9.2** Training shall be provided as follows:
 - 9.2.1** At the time of initial assignment to tasks where occupational exposure may exist;
 - 9.2.2** Within 90 days after the effective date of the standard;
 - 9.2.3** At least annually thereafter; and
 - 9.2.4** Annual training for all employees shall be provided within one school year of their previous training.
- 9.3** Employers shall provide additional training when changes such as modification of tasks or procedures occur or new tasks or procedures are implemented that can affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- 9.4** Material appropriate in content and vocabulary to all educational levels, literacy, and language of employees shall be used.
- 9.5** The training program will contain at a minimum the following elements:
 - 9.5.1** An accessible copy of the regulatory text of this standard and an explanation of its contents;
 - 9.5.2** A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 9.5.3** An explanation of the modes of transmission of bloodborne pathogens;
 - 9.5.4** An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - 9.5.5** An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - 9.5.6** An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
 - 9.5.7** Information on the types, proper uses, location, removal, handling, documentation and disposal of personal protective equipment;
 - 9.5.8** An explanation of the basis for selection of personal protective equipment;
 - 9.5.9** Information on the Hepatitis B vaccination, including information on its efficiency, safety, method of administration, the benefit of being vaccinated and that the vaccine and vaccination will be offered free of charge;
 - 9.5.10** Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - 9.5.11** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 - 9.5.12** Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

- 9.5.13** An explanation of the signs, labels, and/or color-coding;
- 9.5.14** An opportunity for interactive question/answer with the person conducting the training session.
- 9.6** The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it related to the workplace that the training will address. All employees participating in the training program will be required to sign a training log which will signify the training was received. A sign-in sheet can be found in the appendices.

10.0 RECORDKEEPING

The school district will establish and maintain an accurate record in accordance with the regulation for each employee with occupational exposure.

10.1 Medical Records

10.1.1 An accurate record will be maintained and established.

10.1.2 This record shall include:

10.1.2.1 The name and social security number of the employee;

10.1.2.2 A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;

10.1.2.3 A copy of all results of examinations, medical testing, and follow-up procedures;

10.1.2.4 The employer's copy of the healthcare professional's written opinion following an exposure incident;

10.1.2.5 A copy of the information provided to the healthcare professional;

10.1.3 Medical records will be:

10.1.3.1 Kept confidential; and

10.1.3.2 Not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

10.1.4 The employer will maintain the records required for at least the duration of employment plus 30 years.

10.2 The school district will maintain an accurate record of all training

10.2.1 Training records shall include the following information:

10.2.1.1 The dates of training sessions;

10.2.1.2 Contents or a summary of the training sessions;

10.2.1.3 The names and qualifications of persons conducting the training;

10.2.1.4 The names and job titles of all persons attending the training sessions; and

10.2.1.5 According to 1910.1030(h)(2)(ii), BBP training records shall be maintained for three years from the date on which the training occurred.

10.3 Availability

10.3.1 All records required to be maintained by this section shall be made available upon request to the subject employee, to anyone having written consent of the subject employee, to the Administrative Secretary and the Director for examination and copying.

- 10.3.2** Employee training records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and the Administrative Secretary.
- 10.3.3** Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and the Administrative Secretary.
- 10.4** Transfer of Records
 - 10.4.1** The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(b).
 - 10.4.2** If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal; and
 - 10.4.3** Transmit them to the Director, if required by the Director to do so, within the three month period.
- 10.5** Sharps Injury Log Records
 - 10.5.1** The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
 - 10.5.1.1** The type and brand of device involved in the incident;
 - 10.5.1.2** The department or work area where the exposure incident occurred; and
 - 10.5.1.3** An explanation of how the incident occurred.
 - 10.5.2** The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
 - 10.5.3** The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.
 - 10.5.4** General recording criteria: A work-related injury or illness must be recorded if it results in one or more of the following:
 - 10.5.4.1** Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
 - 10.5.4.2** Not all cuts, lacerations, punctures, and scratches need to be recorded. You need to record cuts, lacerations, punctures, and scratches only if they are work related and involve contamination with another person's blood or OPIM. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or OPIM, you need to record the case only if it meets one or more of the recording criteria in §1904.7.
 - 10.5.4.3** If an injury is recorded and the employee is later diagnosed with an infectious bloodborne disease, the DSPS Injury Log must be updated. Update the classification of the case on the DSPS Injury Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.
 - 10.5.4.4** If an employee is splashed or exposed to blood or OPIM without being cut or scratched record such an incident on the DSPS Injury Log as an illness if:

- It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or
- It meets one or more of the recording criteria in §1904.7.

10.5.5 School Exposure Incident Investigation Form (see Appendix K)

11.0 COMMUNICATION OF HAZARDS TO EMPLOYEES

The school district will warn employees of potentially infected material through labels and signs:

- 11.1 Warning labels must be affixed to all containers of regulated waste;
- 11.2 The labels will include the Biohazard symbol and will be fluorescent orange or orange-red with lettering or symbols in contrasting color;
- 11.3 The labels will be affixed by string, wire, adhesive, or other methods preventing their loss or unintentional removal;
- 11.4 Red bags or red containers may be substituted for labels;
- 11.5 The labels conforming to these requirements will be affixed to contaminated equipment and state which portions of the equipment are contaminated; and
- 11.6 Signs will be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

12.0 EMPLOYER'S AUDIT

- 12.1 Engineering controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- 12.2 The school district will review this program/plan at least annually to ensure its effectiveness.
- 12.3 The program/plan will be updated whenever necessary to reflect new or modified tasks and procedures, which affect an employee's occupational exposure and to reflect new or revised employee positions with occupation exposure. The review and update must:
 - 12.3.1 Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
 - 12.3.2 The school district will take into account innovations in medical procedures and technology developments that reduce the risk of exposure, such as newly developed devices designed to make an exposure incident involving a contaminated sharps less likely; and
 - 12.3.3 Document annually consideration and implementation of appropriate, commercially available, and effective safer devices designed to eliminate or minimize occupational exposure.
- 12.4 An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.
- 12.5 The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

APPENDIX A

29 CFR 1910.1030 – Bloodborne Pathogen Standard

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
REGULATED WASTE DISPOSAL PLAN**

Regulated waste for purposes of this program/plan means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Materials, which are capable of containing the contamination during normal handling, are disposed of as non-regulated waste.

Regulated waste will be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with 1910.1030; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container.

The second container shall be:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with 1910.1030; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance 1910.1030.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. The school district mandates that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

Disposal of all regulated waste shall be in accordance with all applicable federal, state, or local regulations. The School Nurse/Health Official shall arrange for the proper removal and disposal of any regulated waste. Regulated waste will be taken to the Memorial Health Center, and delivered to EMT services that will ensure compliance with this program.

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
HEPATITIS B VACCINE DECLINATION**

(MANDATORY)

In accordance with the Bloodborne Pathogen Rule as set forth in 29 CFR 1910.1030(f)(2)(i) of the Occupational Safety and Health Act administered within the United States Department of Labor by the Occupational Safety and Health Administration (OSHA), titled Hepatitis B Vaccination, each employee who declines to accept a Hepatitis B vaccination offered by the employer must read and sign the statement below (see 29 CFR 1910.1030(f)(2)(iv)).

APPENDIX A TO SECTION 1910.1030

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge [cost] to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge [cost] to me.

Employee Name (Printed)

Date Vaccine Offered

Employee Signature

Date Signed

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
BLOODBORNE PATHOGEN TRAINING PROGRAM**

The school district ensures that all employees with occupational exposure will participate in a training program, which will be provided at no cost to the employee and during working hours. Training will be provided:

- At the time of initial assignment to tasks where occupational exposure may take place;
- Within 90 days after the effective date of the standard; and
- At least annually thereafter, and/or within one year of previous training.

Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created. Training will include:

- An accessible copy of the regulatory text of this standard and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required; and
- An opportunity for interactive questions and answers with the person conducting the training session.

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
BLOODBORNE PATHOGEN CONTROL PROGRAM
EXPOSURE DETERMINATION**

Job classifications in which all employees have occupational exposure:

- Maintenance and Building and Ground Personnel;
- Personnel who perform cleaning activities;
- Personnel trained in first aid awareness and response;
- Coaching staff; and
- Playground aids

Job classifications in which some employees have occupational exposures:

- Teachers; and
- Administration

List of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs that are performed by employees in the job classifications listed above:

- General cleaning and sanitation;
- Garbage removal;
- Decontamination/clean-up of areas or equipment that may be contaminated with bloodborne pathogens;
- Exposure due to assisting an injured person; and
- Exposure due to being in the area of an accident victim.

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
BLOODBORNE PATHOGEN
EVALUATION OF COMPLIANCE FORM**

Topic	Status	Corrective Action	Date
Has OSHA made any changes to the Bloodborne Pathogen standard in the last year?			
Has the written program been revised?			
Is the written program in need of revision?			
Are employees offered Hepatitis B vaccinations?			
Are declination forms for the Hepatitis B vaccination kept on file?			
Are all needle stick injuries recorded?			
Is medical waste disposed of in the proper manner?			
Is proper PPE provided for all employees at all times?			
Are first aid kits available at all times: buses, playground, field trip, etc?			
Have all employees hired within the last year received new employee Bloodborne Pathogen training?			
Have all employees received refresher Bloodborne Pathogen training?			
Has all Bloodborne Pathogen material been updated?			

Completed By: _____ Date: _____

**MEDFORD AREA PUBLIC SCHOOL DISTRICT
BLOODBORNE PATHOGEN
SCHOOL EXPOSURE INCIDENT INVESTIGATION FORM**

Date of Incident:	Time of Incident:
Location:	
Person(s) involved:	
Potentially infectious material involved - Type:	Source:
Circumstances (what was occurring at the time of the incident):	
How as the incident caused: (Accident, equipment malfunction, etc. List any tool, machine or equipment involved.)	
Personal protective equipment (PPE) being used at the time of the incident:	
Actions taken: (decontamination, clean-up, reporting, etc.)	
Recommendations for avoiding repetition of incident:	

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